Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

l			clive Oct	ober 1, 20	JU3							
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMA TYP		NTITY	OF		R THAN
TOTAL CLAIMS			17	17.				TE	FEE	_	RATE	_,
FOR			NUMBE	NUMBER FILED		NUMBER EXTRA		C FEE	 	∤`	—	
TOTAL CHARGEABLE CLAIMS			+						363.0	OF	BASIC FE	770.00
			 / 	/ minus 20= 1		. 0		9=		OF	X\$18=	
INDEPENDENT CLAIMS				minus 3 =		0	X4	3=	_	OR	X86=	
MU	LTIPLE DEPE	ENDENT CLAIM	PRESENT	RESENT			+14	15=	_	OR		1
* If	the differenc	e in column 1 i	s less than	zero, enter	"0" in	column 2	TO		385	OR	L	+
•		CLAIMS AS	AMENDE	MENDED - PART II			.0		D 03		٠	
		(Column 1)		(Column 2) (Column 3			SMA	ALL E	ENTITY	OR		R THAN ENTITY
AMENDMENT A	·	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA	RA	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAI FEE
	Ţotal	*	Minus	**		=	X\$	9=		OR	X\$18=	
NE L	independent	*	Minus	***		=	X43	_		1	X86=	
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					^-	<u>'</u>		OR	A00=	├	
			•				+14	5=		OR	+290=	l
	•					•	TO ADDIT.	TAL		OR	TOTAL ADDIT. FEE	
		(Column. 1)		(Colum		(Column 3)						
AMENDMEN B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBE PREVIOL PAID FO	ER JSLY	PRESENT EXTRA	RAT		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE
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	ndependent	*	Minus	***		= .	X43		 -	1 1	X86=	
· F	IRST PRESE	NTATION OF MI	JLTIPLE DE	PENDENT C	LAIM		+145	\dashv		OR	- 	
										OR	+290=	
								AL EE		OR ,	TOTAL DDIT. FEE	
$\overline{}$		(Column 1) CLAIMS	Г	(Column		(Column 3)		•				
To	,	REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU: PAID FO	R SLY	PRESENT EXTRA	RATE	: T	ADDI- ONAL FEE		RATE	ADDI- TIONAL FEE
To	otal	•	Minus	**		=	X\$ 9=	$\neg \Gamma$		$\int_{\Omega} f $	X\$18=	1 66
In	dependent	*	Minus	***		=	<u> </u>	+		OR		
Fi	RST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT C	LAIM		X43=	4_		OR	X86=	
If the optic in column 1 is less than the									ļ	OR	+290=	
411	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									L	TOTAL	
ា ពេ	e "Highest Nun	nber Previously Pai	id For IN ITH	SPACE IS IE	ss than	20, enter *20.*	ADDIT. FE	E L		OR A	DOIT. FEE	